

Physical, Occupational, and Speech Therapy Reminders

From the Vermont Medicaid Provider Manual

The following statements apply to all therapy services:

- Medicaid does not cover any treatments or any portions of a treatment, when the efficacy and/or safety of that treatment is not sufficiently supported in current, peer reviewed medical literature.
- All treatment must demonstrate medical necessity.
- Per National Correct Coding regulations, treatment must be billed under the most specific code. Billing a non-covered service under a less specific code in order to obtain coverage could constitute fraud and could expose the provider to recoupment and fraud investigation.
- Examples of treatment that do not have sufficient support in current medical literature at this time include, but are not limited to: sensory integration therapy, craniosacral therapy, myofascial release therapy, visceral manipulation therapy, auditory integration training, and facilitated communication.

Note also, that treatment with goals related to leisure, sports, play, toys, recreation, and avocation are not covered benefits because they do not meet the bar of medical necessity. Treatment with goals related to vocation and education are not covered benefits because there are other resources for coverage, including the Department of Vocational Rehabilitation and the Department of Education.

For more information, please reference the Vermont Medicaid Provider Manual, found on this page: <http://www.vtmedicaid.com/Downloads/manuals.html> (Section 7.8.6 Rehabilitative Therapy)

From the Physical, Occupational, and Speech Therapy Coverage Guidelines (1/21/15)

Documentation:

Therapy evaluations are expected to be comprehensive. Evaluation tools must provide measurable, objective parameters to demonstrate the degree of functional impairment and provide a baseline for comparison during the clinical review process. Therapists are expected to have an understanding of local medical, psychosocial, state, and other resources, and to make appropriate referrals to assist the beneficiary in their return to a full and productive life post injury. These contacts must be documented in the information sent to DVHA.

Therapy goals must clearly demonstrate medical necessity, and be functionally based, beneficiary-oriented, measurable and objective, and age appropriate.

Therapy plans of treatment, including frequency, must be research-based, comprehensive, and have a focus on beneficiary/family education regarding self-management of the condition(s), and personal responsibility. There must be a discharge plan in place at the onset of treatment.

For the full document, please reference the “Physical, Occupational, and Speech Therapy Coverage Guidelines: <http://dvha.vermont.gov/for-providers/clinical-coverage-guidelines>

Additional Documentation Suggestions

Clearly document the therapeutic exercises and treatments that are performed, and the time spent on each of those treatments. This is especially useful if you are providing covered and non-covered services in the same session. Being able to demonstrate the time spent on covered services vs. non-covered will help you in the event of an audit. If you are utilizing another coverage source to cover goals or treatments that Medicaid does not cover, document that you have another coverage source.

Example 1:

You are treating a Vermont Medicaid member and feel that myofascial release would benefit your patient. It is acceptable to perform the myofascial release, provided it isn't harmful to the patient. However, since it is a non-covered service, you can't bill for the minutes you spend performing the myofascial release. Your documentation should clearly indicate the number of minutes that the myofascial release was done, and also the number of minutes that other covered services were performed. This will be helpful in the event of an audit by the Program Integrity Unit of DVHA.

Note: The same concept applies to any non-covered services. Simply replace “myofascial release” with any of the other non-covered services in the example above.

Example 2:

You are setting therapy goals for your patient, who is a Vermont Medicaid member. Be sure that these goals are medically necessary. Vermont Medicaid does not consider goals that relate to things such as sports or recreation to be medically necessary, and therefore the services provided to accomplish those goals are considered non-covered services.